

State of New Jersey  
Department of Labor  
DIVISION OF WORKERS' COMPENSATION

ORDER

☐ JUDGMENT  
☐ APPROVING SETTLEMENT  
☐ DISMISSAL  
☐ DISCONTINUANCE  
☐

CASE NO.'S \_\_\_\_\_

District Office: \_\_\_\_\_

PETITIONER

SOCIAL SECURITY NUMBER	
NAME	AGE
ADDRESS (Including County)	

ATTORNEY FOR  
PETITIONER

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER
NAME
ADDRESS
APPEARING

VS

RESPONDENT

NAME
ADDRESS (Including County)
NAME
ADDRESS (Including County)
APPEARING

INSURANCE  
CARRIER

NAME (Indicate If Not Covered or If Self-Insured)
DATE OF ACCIDENT: OR OCCUPATIONAL EXPOSURE:
DESCRIBE (Briefly)

Weekly Wages \_\_\_\_\_ Rate(s) \_\_\_\_\_ /

IF RE-OPENED PETITION, INDICATE FOR LAST AWARD: DATE: \_\_\_\_\_ PERMANENT: \$ \_\_\_\_\_ TEMP: \$ \_\_\_\_\_

This matter having come on before the Court on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_:

☐ **ORDER FOR JUDGMENT:**

It appearing that the Petitioner suffered a compensable injury on the above mentioned date while in the employ of respondent; it is Ordered and Adjudged that petitioner be awarded compensation benefits, payable as indicated on Page 2.

☐ **ORDER APPROVING SETTLEMENT:**

The parties having settled the matter and a finding by the Court having been made that the terms of the settlement are fair and just; it is Ordered that this settlement be approved and the petitioner be paid as indicated on Page 2.

☐ **ORDER FOR DISMISSAL**

This matter having come on for hearing upon the respondent's motion for Dismissal which was made and duly served and there being good cause shown, the claim petition herein is hereby dismissed for

- ☐ 1. Lack of Prosecution  
☐ 2.

☐ **ORDER FOR DISCONTINUANCE**

This matter having come on before the Court and the Court having received evidence that this matter should be discontinued and for good cause shown. It is ORDERED AND ADJUDGED that this matter be discontinued for the following reasons:

☐ It is FURTHER ORDERED that the payment indicated on Page 2 be made a part of the Order for Discontinuance for petitioner's disability. (Percentages and members involved.)

WE HEREBY CONSENT TO THE ENTRY AND  
FORM OF THIS ORDER AND ACKNOWLEDGE  
RECEIPT OF A COPY. (Sign if applicable)

STENO FEE \_\_\_\_\_ BY \_\_\_\_\_

\_\_\_\_\_  
(PETITIONER'S ATTORNEY)

\_\_\_\_\_  
(JUDGE OF COMPENSATION)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
PETITIONER (Where Applicable)

\_\_\_\_\_  
NAME (PRINT OR TYPE)

\_\_\_\_\_  
(RESPONDENT'S ATTORNEY)